



MICHAEL J. BAKALIS

COMPTROLLER
STATE OF ILLINOIS

June 19, 1978

PAYROLL BULLETIN
(3-78)

201 STATE HOUSE
SPRINGFIELD, ILLINOIS 62706
217/782-6000

TO: All State Agencies, Departments, Boards, Commissions
and Universities

Special Attention: Administrative, Personnel, Payroll,
Fiscal, Data Processing, and Other Officers and Employees
Responsible for the Administration of the State Employees
Group Insurance Program

SUBJECT: Impact of Changes in the State Employees Group Insurance
Program on State Payroll Vouchers - Effective July 1, 1978

The purpose of this bulletin is to highlight those July 1, 1978 changes
in the "State Employees Group Insurance Program" that have a direct
impact on the State payroll voucher.

Exhibit #1 - Examples Illustrating How the Payroll Code Boxes on the
New Enrollment Form (DP-70) Relate to the State Payroll Voucher

The attached exhibit shows how certain boxes on the new enrollment form
correspond to certain fields on the payroll voucher. Several examples
are provided to illustrate this and describe how dollar amounts for
payroll voucher fields 47, 50, 54, and 58 should be determined.

Health Insurance Plan of Program

Effective July 1, 1978, there will be seven State contracted health
carriers (Blue Cross-Blue Shield and six HMO's). This office has as-
signed a specific code to each carrier for entry into payroll voucher
Field 49 for trailer warrant purposes. As illustrated in the attached
exhibit, the specific carrier code in Box 32 (State Health) must be
the same code entered into payroll voucher Field 49 (State Health Code).
Also, the carrier code can be used as an aid to identify the appropriate
health premium rate table for determination of dollar amounts for
payroll voucher fields 50 and 58.

Life Insurance Plan of Program

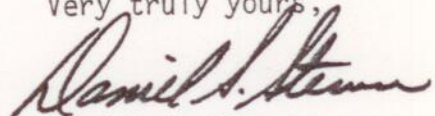
Effective July 1, 1978, some individuals who have elected spouse and/or
child life coverage will have increased amounts of coverage. In both

areas, the individual is purchasing one-half of the amount of the member's life insurance, with a maximum of \$5,000 for spouse and \$2,000 for child. In either case, the member is purchasing the type of coverage, not an amount. If a member has \$12,000 of total (basic plus optional) life insurance and elects spouse life insurance, \$5,000 of spouse life insurance will be in force. The member does not have the option of selecting a lower amount. Of course, the member may decide not to elect spouse and/or child coverage.

Enclosed are the July 1, 1978, premium rate tables for all seven carriers for the Health Insurance Program and the July 1, 1978, life insurance premium rate tables.

If you have any questions about the premium rate tables or need additional copies, please contact the Group Insurance Division of the Department of Personnel at 217/782-2548.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Daniel S. Steven". The signature is fluid and cursive, with a large initial "D".

Daniel S. Steven
Payroll Supervisor

DSS:rf

FORM 500-023 REVISED (7-75)
STATE OF ILLINOIS - PAYROLL VOUCHER EXHIBIT 1 - 2 of 3
PAYROLL LIST

STATE AND OTHER RETIREMENT FICA CODES TIME WORKED BASIS
MEMBER W/O FICA N.E. MEMBER W/ FICA A.N.
(1) OVERLAP & INTEREST 5. WAIVED 6. GENERAL ASSEMBLY 7. TEACHERS
(2) HOPKINS 9. UNIVERSITY 10. STATE POLICE
(3) FICA WITHHELD 11. FICA NOT WITHHELD 12. FICA EXCLUDED
(4) MONTHLY 2. SEMI-MONTHLY 3. QUARTERLY 4. ANNUAL 5. DAILY 6. HOURLY
(7) LEAVE OF ABSENCE 8. TEACHING 9. SUBSTITUTION (LAW)

EMPLOYEE NAME		1	2	SOCIAL SECURITY NUMBER	3	POSITION CLASSIFICATION	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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DEPARTMENT CERTIFICATION

I HEREBY CERTIFY THAT THE NAMES OF EMPLOYEES, THE POSITIONS OCCURRED, ACTUAL TIME OF SERVICE AND APPROPRIATION CHARGEABLE, AS SHOWN ON THE ACCOMPANYING PLACES OF EMPLOYMENT, ARE CORRECT AND THAT THE EMPLOYEES HAVE BEEN APPROPRIATELY EMPLOYED AND ARE TO BE PAID THE RATES OF PAY AND BENEFITS AS LISTED AND SHOWN BY THE OFFICIAL ROSTER IN ACCORDANCE WITH THE PROVISIONS OF SECTION 12A OF THE PERSONNEL CODE, EXCEPT THOSE CROSSED OUT AND THOSE WHO ARE EXEMPT (INDICATED BY ASTERISK).

NAME TITLE

APPROVED FOR PAYMENT:

OFFICE DIRECTOR OR EXECUTIVE SECRETARY

NAME

CERTIFICATE OF DIRECTOR OF PERSONNEL

I HEREBY CERTIFY THAT THE PERSONS NAMED IN THIS PAYROLL VOUCHER CONTAINING NAMES HAVE BEEN APPROPRIATELY EMPLOYED AND ARE TO BE PAID THE RATES OF PAY AND BENEFITS AS LISTED AND SHOWN BY THE OFFICIAL ROSTER IN ACCORDANCE WITH THE PROVISIONS OF SECTION 12A OF THE PERSONNEL CODE, EXCEPT THOSE CROSSED OUT AND THOSE WHO ARE EXEMPT (INDICATED BY ASTERISK).

DIRECTOR OF PERSONNEL

DIRECTOR OF FINANCE

BY

DIRECTOR OF PERSONNEL

0 MEMBER W/OUT I.C.A. 8% 1 MEMBER W/ I.C.A. 4%
2 OUTSIDE 4. 3. MEMBERS 5. WAIVED 6. GENERAL ASSEMBLY 7. TEACHERS
8. DIRECTS 9. UNIVERSITY * STATE POLICE
A. I.C.A. WITHIN 2. B. I.C.A. NOT WITHIN 2. C. I.C.A. EXCEPTED

● EXEMPT FROM PERSONNEL CODE

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INFLUENCE OF PERSONALITY